

# BST Family Needs Screen

**Goal:** To become familiar with the new section added to the BST.

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**Objectives:**

- Identify the various sections and parts of the Family Needs Screen.
  - Enter family needs information.
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## Introduction

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The Family Needs Screen is a part of the BST that allows workers to collect information related to family members with special needs. There are two parts to this section: Section I Family Needs and Section II (Child or Adult). Section I is a mandatory part of the BST. The worker must either complete the five questions or indicate that the individual has declined to respond.

Section II is an optional set of questions that may be used to gather more comprehensive information about a family member with special needs. There is no requirement to complete any of the questions. Section II is broken down into one set of questions for children and another set of questions for adults with special needs. Section II was designed to allow the worker to bypass any questions that are not relevant to the special need(s) being discussed. Once a question in Section II has been answered, a checkmark appears next to it. This allows the worker to more efficiently review information that was entered on a previous date.

# Family Needs Screen

## Family Needs Introduction

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**Family Needs - Introduction**  
Works, Wanda (PIN #4100404671)

**Interviewer Narrative:**

The following questions have to do with any family members in your household that may have special needs due to a disability or medical condition. This information will help me determine if special consideration must be given when you are assigned to work, training or other activities.

☒ Continue  
☐ Declined To Respond to the Family Needs Screen

Save & Exit Next >

Done Local intranet

**Functional Screen**

- ✓ Introduction
- Mobility
- Phys. Demands
- Env. Conditions
- Self Care
- Communications
- Social Skills
- Work Limitations

**Domestic Abuse**

- ✓ Introduction
- Domestic Abuse

**Screen 2**

- ✓ Introduction
- Learning Needs
- Trauma
- Mental Health
- Brain Injury
- AQDA

**Family Needs**

- ✓ Introduction
- Section I

**Summary**

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- Assignments
- Print

The screener must select either Continue or Declined to Respond to the Family Needs Screen, then click *Save & Exit* or *Next*.

**NOTE:** If the individual declines the entire BST, users **MUST** select Declined to Respond on this screen and click *Save & Exit*.

## Section I Family Needs

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**Functional Screen**

- ✓ Introduction
- Mobility
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- Self Care
- Communications
- Social Skills
- Work Limitations

**Domestic Abuse**

- ✓ Introduction
- Domestic Abuse

**Screen 2**

- ✓ Introduction
- Learning Needs
- Trauma
- Mental Health
- Brain Injury
- AOA

**Family Needs**

- ✓ Introduction
- Section I

**Summary**

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- Assignments
- Print

**Wisconsin Department of Workforce Development**

**Section I - Family Needs**  
Works, Wanda (PIN # 4100404671)

**Note To Interviewer:**

For any Yes responses, the Summary should include name, age and relationship of family member and an explanation of the problem or special need described by the participant.

Decline Section I

☒ Section I [View History](#)

1. \* Do you have a family member in your household with special needs that make it difficult for you to work?

☐ Yes ☐ No ☐ Declined To Respond

Summary:

2. \* Do you have a family member in your household with medical problems?

☐ Yes ☐ No ☐ Declined To Respond

Summary:

3. \* Do you have a family member in your household who is frequently suspended from school or work (or who gets in other trouble) due to behavioral problems?

☐ Yes ☐ No ☐ Declined To Respond

Summary:

4. \* Do you have a child that misses school frequently?

☐ Yes ☐ No ☐ Declined To Respond

Summary:

5. Do you have a child who is involved with child welfare services?

☐ Yes ☐ No ☐ Declined To Respond

Summary:

Section I - Family Needs Summary:

Current size: 0 Characters

[Section II](#)

< Previous Save & Exit


Clicking *Next* on the Family Needs Introduction takes the user to Section I Family Needs. This screen asks five questions related to special needs of other members of the individual's family that may affect the individual and his/her participation. Each question has a possible response of 'yes', 'no', or 'declined to respond'. If the response is 'yes', the worker must complete the Summary box with information that includes the name, age, and relationship of the family member to the individual along with a description of the problem or need.

*Previous* takes the user back to the Family Needs Screen Introduction. *Save & Exit* takes the user to Screen Selection.

If there are any 'yes' responses, the user has the option of continuing with the Family Needs screen by clicking *Section II*. This takes the user to the Family Members page.

**Note:** These five questions must have responses entered in order for the screening record to be considered complete.

## Follow-up Summary


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**Follow-Up Summary**  
Hunt, Helen (PIN #4100378238)

**Screening Record Status:** Partially Complete

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☒ Follow-Up Summary [View History](#)

Section	Action	Referral Made or Assessment Completed?
<b>Functional Screen</b>		
<a href="#">Mobility</a>	Determine if referral to physician, DVR or private vocational rehabilitation agency is necessary.	<input type="radio"/> Yes <input type="radio"/> No
<a href="#">Physical Demands</a>	No action needed.	<input type="radio"/> Yes <input checked="" type="radio"/> No
<a href="#">Environmental Conditions</a>	No action needed.	<input type="radio"/> Yes <input checked="" type="radio"/> No
<a href="#">Self Care</a>	Refer for Screen 2.	<input type="radio"/> Yes <input type="radio"/> No
<a href="#">Communications</a>	Refer for Screen 2.	<input type="radio"/> Yes <input type="radio"/> No
<a href="#">Social Skills</a>	Declined to respond.	<input type="radio"/> Yes <input checked="" type="radio"/> No
<a href="#">Work Limitations</a>	G1 Determine if referral to physician, DVR or private vocational rehabilitation agency is necessary.	<input type="radio"/> Yes <input type="radio"/> No
<b>Domestic Abuse Screen</b>		
Domestic Abuse	Declined to respond.	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Screen2</b>		
<a href="#">Learning Needs</a>	Refer to psychologist, DVR or private vocational rehabilitation agency.	<input type="radio"/> Yes <input type="radio"/> No
<a href="#">Trauma</a>	Declined to respond.	<input type="radio"/> Yes <input checked="" type="radio"/> No
<a href="#">Mental Health</a>	No action needed.	<input type="radio"/> Yes <input checked="" type="radio"/> No
<a href="#">Traumatic Brain Injury</a>	Declined to respond.	<input type="radio"/> Yes <input checked="" type="radio"/> No
<a href="#">Alcohol &amp; Other Drug Abuse</a>	Declined to respond.	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Family Needs</b>		
<a href="#">Section 1</a>	Completed	
<b>Referral Comments</b>		
<input type="text"/>		
<b>Additional Comments</b>		
<input type="text"/>		
<input type="button" value="Save &amp; Exit"/> <input type="button" value="Next &gt;"/>		

Section I Family Needs is listed on the Follow-up Summary. If the section is complete, the word Completed displays in the Action Step column. If this section is not complete, the Action Step column will be blank. Users do not need to indicate if a referral was made or assessment was completed.



## List Family Members

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**Section II - Family Members**  
Works, Wanda (PIN #4100404671)

**Note to Interviewer**

Section II is designed to collect more in-depth information about the special needs of each family member identified in Section I. The questions in Section II are not mandatory. This allows the worker to ask only those questions that are pertinent to the needs of the family member. There are two separate sets of questions. One set of questions is directed at the special needs of a child. The other set of questions is directed at the special needs of an adult. When a family member is added to this screen (by clicking the *Add Member* button), the worker must indicate whether the individual is an adult or child. This will determine which set of questions is generated.

**Family Members**

Name	Date of Birth	Gender	Updated	Updated Worker
Joyce Works <a href="#">Edit</a>   <a href="#">Delete</a>	08/17/1995	Female	10/08/2003	RITCHEY, JENNY (XCT740)
Warren Works Sr. <a href="#">Edit</a>   <a href="#">Delete</a>	04/01/1965	Male	10/08/2003	RITCHEY, JENNY (XCT740)

< Previous      Add Member >

Clicking *Section II* on Section I Family Needs takes the user to the Family Members page. (That is the only way to navigate to this page.) This page will list all family members that the user identified as having a special need in Section I once the user adds them to the record.

The first time that a user navigates to this page, it will be blank. Users may add family members by clicking *Add Member*. *Previous* takes the user back to Family Needs Section I.

It lists

- Family member name
- Date of birth
- Gender
- Last updated date
- Last worker to update the record

- Which Section II can be started for that member (either Adult or Child)
- Which part of Section II has responses entered for that adult (A and/or B) or child (A, B, C, and/or D)

*Edit* allows users to update personal information for that family member. *Delete* allows the user to delete that family member. The Section II links *Adult* and *Child* navigate to those specific areas of Section II. The Part links *A*, *B*, *C*, and *D* navigate to those specific parts of the Adult or Child section. The Section II and Part links will only appear if that screen has been started for that family member.

## Add/Update Family Members

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**Add/Update Family Member**  
Works, Wanda (PIN #4100404671)

☒ Family Member

\*First Name:

Middle Initial:

\*Last Name:

Suffix:

Date Of Birth:  (mm/dd/yyyy)

Gender:

Family Member Type: **Adult**

Clicking *Add Member* or *Edit* on the Family Members page takes the user to Add/Update Family Member. This page allows workers to add or edit family member details. If the family member already exists the details display and the user may edit the details. If the worker is adding a family member, a blank screen displays.

These details should be entered for the family member:

- First name
- Middle initial
- Last name
- Suffix (Jr., Sr., etc.)
- Date of birth
- Gender (male or female)
- Family member type (adult or child); this determines which Section II questions are asked

Workers may enter as many family members as appropriate. Workers should not enter family members who are not affected by special needs.

Example: Mom and three children. One of the children has special needs. Only that child should be added to the screening record.

Example 2: Mom, dad, and one child. Dad and the child have special needs. Both should be added to the screening record.

*Cancel* navigates to List Family Members without saving any data. *Done* saves data and navigates to List Family Members. *Next* navigates to the Adult or the Child section depending on the member type selected for the family member.

## Delete Family Member

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**Delete Family Member**  
Works, Wanda (PIN #4100404671)

☒ Family Member

Name: Joyce Works  
Date Of Birth: 08/17/1995  
Gender: Female  
Family Member Type: Child

[< Back](#) [Delete >](#)

Done Local intranet

To delete a family member from the screening record, users should click the *Delete* link on List Family Members that is directly underneath the specific family member. Delete Family Member displays with the identifying information for that person.

Click *Back* to return to List Family Members without deleting the person. Click *Delete* to delete the person and return to List Family Members.

## **Section II**

Once a family member has been entered into the screening record and is listed as either a child or adult, the user has the option of continuing to Section II of family needs. There is one set of questions in Section II for children and another set for adults. Each family member on List Family Members will have his/her own child or adult Section II.

## Section II Child

### *Child Part A Background*

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Section II - Child Part A. Background  
Works, Wanda (PIN #4100404671)

☒ Child Part A. Background for: **Joyce Works**

1. ☒ Do you have any concerns about your child's health or development?  
☒ Yes ☐ No  
 If yes, what are these concerns?  
 Current size: 19 Characters  
 enter comments here

2. Please tell me if your child receives services from any of the following programs:  
 Interviewer: If response is yes, follow up by asking: Please tell me the contact name, phone number and why your child is seen by this program.

☐ **Birth-To-Three** Contact Name:   
 Contact Phone:   
 Comments:  
 Current size: 0 Characters

☐ **Family Support** Contact Name:   
 Contact Phone:   
 Comments:  
 Current size: 0 Characters

☐ **Exceptional Education Needs** Contact Name:   
 (Special Education-Public Schools) Contact Phone:   
 Comments:  
 Current size: 0 Characters

☐ **Children with Special Health Care Needs** Contact Name:   
 Contact Phone:

Users navigate to Section II Child by clicking *Child* or *A* on List Family Members or *Next* (if the family member is a child) on Add Family Members. The Child section has four parts: A – background, B – health and development needs, C – daily living needs, and D – child care needs. Users navigate between the four parts using *Next* and *Previous*. The questions in Section II are optional. Users may answer any or all questions as relevant to the individual being screened. The name of the family member displays at the top of each part.

If the individual answers yes to question 1, the text box becomes enabled in order for the user to enter specific comments related to the concern. If the child is receiving services from any of the providers listed in question 2, click the check box in front of the program to select it. Enter information about the provider, including name and phone number along with comments about the services being received. *Any Other Programs?* may be used to collect information about programs not listed.



The final comment box is used to indicate which program is most useful for the worker to contact with questions about the child's needs. It will be enabled only if one of the programs in question 2 is checked.

The referral information for this screen tells workers to refer the individual to community resources if there is a concern but no current services are being received.

*Save & Exit* navigates to Screen Selection.

## Child Part B Health and Development Needs

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**Domestic Abuse**

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- Domestic Abuse

**Screen 2**

- ✓ Introduction
- Learning Needs
- Trauma
- Mental Health
- Brain Injury
- ACDA

**Family Needs**

- ✓ Introduction
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**Section II - Child Part B. Health and Developmental Needs**  
Works, Wanda (PIN #4100404671)

Child Part B. Health and Dev. Needs for: **Joyce Works**

1. Has your child been diagnosed with a specific medical condition?  
☐ Yes ☐ No  
 If yes, what is the diagnosis?

2. ✓ How often does your child receive program services and/or medical treatment?  
 Program Services:  Medical Treatment:   
 Current size: 19 Characters

3. How often does your child see a physician?  
  
 Physician's contact information (physician's name, clinic name and phone number):  
  
 Type of physician or specialty:  
  
 When was your child last seen? Why?

4. Does your child receive therapeutic or educational services for health care needs such as:

<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Mental Health Issue
<input type="checkbox"/> Educational Services	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Vision	<input type="checkbox"/> Speech Therapy
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Other <input type="text"/>

What is your role in these services and follow-up? How often are you involved in this role?

Done Local intranet

Part B captures information about health and developmental needs for the child. The questions relate to a medical condition the child may have and services the child has received. All of the questions are optional. Users navigate to Part B by clicking *B* on List Family Members or *Next* on Part A.

If the response to question 1 is 'yes', the text box is enabled.

Question 2 asks about the frequency of services or medical treatment received by the child. If a selection is chosen for either service, the text box is enabled to enter more comments and details.

If the user selects a frequency for question 3, the following 3 text boxes are enabled.


Users may select as many services in question 4 as appropriate. The comment text box is enabled if any response is checked.

*Previous* navigates to Part A. *Save & Exit* navigates to Screen Selection. *Next* navigates to Part C.

## Child Part C Daily Living Needs

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**Section II - Child Part C. Daily Living Needs**  
Works, Wanda (PIN #4100404671)

☒ Child Part C. Daily Living Needs for: **Joyce Works**

1. Does your child have needs (other than what is expected for his/her age) for daily supervision/assistance, such as:

<input type="checkbox"/> Dressing	<input type="checkbox"/> Communicating
<input type="checkbox"/> Eating	<input type="checkbox"/> Behavior
<input type="checkbox"/> Mobility	<input type="checkbox"/> Forming Relationships/Friendships
<input type="checkbox"/> Breathing	<input type="checkbox"/> Toileting
<input type="checkbox"/> Sleeping	<input type="checkbox"/> Other <input type="text"/>

Comments:

2. Does your child have need for medical/health treatments, such as:

☐ G-tubes

☐ Suctioning

☐ Tracheotomy

☐ Medicines

☐ Other

Who administers to these needs above, and how often?

What is your role in caring for your child with these treatments and how often is this done?

3. Does your child require assistive devices for communication, such as:

☐ Computer

☐ Picture Cards

☐ Sign Language

☐ Hearing Aides Or Other Assistive Listening Devices

☐ Other Talking Devices

What is your role in using these devices and how often is this done?

4. Does your child require supervision/assistance with mobility, such as:

☐ Crutches

☐ Braces

☐ Wheelchair

☐ Special Transportation Monitor

☐ Other

What is your role in meeting your child's needs with these assistive devices and how often?

5. Does your child receive home health care or other personal care services?

☐ Yes ☐ No

If yes, please describe the services.

6. Is your child's care consistent from week to week or does it change frequently with circumstances (e.g., appointments, health status)?

7. Are you ever contacted by the school to take your child home due to behavior problems or physical or health problems.

☐ Yes ☐ No

If yes, how frequently?

8. ✓ Interviewer: Print out and give participant the Daily Routine Scale. Looking at this scale, please tell me the number between one and ten that most accurately describes your routine based on your child's special needs.

1 \_\_\_\_\_ 5 \_\_\_\_\_ 10

Regular and Stable \_\_\_\_\_ Totally Unpredictable

[Daily Routine Scale](#)

Comments:

Current size: 0 Characters

Part C collects information related to any needs that the child may have on a daily basis. All of the questions are optional. Users navigate to Part C by clicking *C* on List Family Members or *Next* on Part B.

Users may select as many choices for questions 1, 2, 3, and 4 as appropriate. If any selections are checked, the text boxes are enabled for more specific comments.

The comments boxes are enabled for questions 5 and 7 if the response is 'yes'.


Users should select a number 1 through 10 from the dropdown box for question 8 based on how the individual responds. Users may click *Daily Routine Scale* to view a PDF version of the rating scale for printing. The comments box is enabled if the user selects a number in the scale.

*Previous* navigates to Part B. *Save & Exit* navigates to Screen Selection. *Next* navigates to Part D.

## Child Part D Child Care Needs

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Section II - Child Part D. Child Care Needs Section  
Works, Wanda (PIN #4100404671)

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**Child Part D. Child Care Needs for: Joyce Works**

1. ☒ Does your child have any health or behavioral problems that you believe would not allow placement in child care?

☐ Yes ☒ No

Comment:

Current size: 0 Characters

2. Does your child require any special accommodations from a child care provider?

☐ Yes ☐ No

Comment:

3. Is the child spending part or all of their day in special programming?

☐ Yes ☐ No

If yes, please tell me the schedule.

4. Has your child ever been, or is your child currently placed in group or family child care?

☐ Yes ☐ No

Comment:

5. Have you ever had problems finding child care?

☐ Yes ☐ No

Comment:

6. **Interviewer:** Review with participant the Health and Development Needs from Part B and response to question 3 of this section.

**Do you foresee any problems coordinating child care and the other programs identified in question 3, or services described in Part B?**

☐ Yes ☐ No

Comment:

Section II - Child Summary:

Current size: 0 Characters

< Previous   Save & Exit   Next >

Part D asks questions related to special child care needs that the child may have. None of the questions are mandatory. Users navigate to Part D by clicking *D* on List Family Members or *Next* on Part C.

For all of the questions, a 'yes' response enables the text box for more detailed comments. The final comment box may be used to summarize information collected during the child screening.

*Previous* navigates to Part C. *Save & Exit* navigates to Screen Selection. *Next* navigates to List Family Members.




## Section II Adult

### Adult Part A Health Needs

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**Domestic Abuse**

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Section II - Adult Part A. Health Needs  
Works, Wanda (PIN #4100404671)

☒ Adult Part A. Health Needs for: **Warren Works Sr.**

- Has this family member been diagnosed with a specific medical condition?  
☐ Yes ☐ No  
 If yes, what is the diagnosis?
- Does this family member receive program services and/or medical treatment (example: DVR, Community Integration Program, Community Supported Living Arrangements, SSI or SSDI)?  
☐ Yes ☐ No  
 If yes, what type of services is this family member receiving?
- How often does this family member receive program services and/or medical treatment?  
 Program Services:  Medical Treatment:   
 Comments:
- How often does this family member see a physician?  
  
 Physician's contact information (physician's name, clinic name and phone number):  
  
 Type of physician or specialty:

When was the family member last seen? Why?

5. Does this family member receive therapeutic services for health care needs such as:

☐ Physical Therapy ☐ Mental Health Issue

☐ Vision ☐ Occupational Therapy

☐ Hearing Impairment ☐ Speech Therapy

☐ Other

What is your role in these services and follow up? How often are you involved in this role?

< Previous Save & Exit Next >

**Referral Information**

If the answer is YES to question 1, but NO to 2, referral information should be provided for services in the local community.

Users navigate to Section II Adult by clicking *Adult* or *A* on List Family Members or *Next* (if the family member is an adult) on Add Family Members. The Adult section has two parts: A – health needs and B – daily living needs. Users navigate between the two parts using *Next* and *Previous*. All of the questions in this section are optional. Users may answer any or all questions as relevant to the individual being screened. The name of the family member displays at the top of each part.

For questions 1 and 2 if the response is ‘yes’, the text boxes become enabled for more detailed comments. Question 3 asks about the frequency of services or medical treatment received by the adult. If a selection is chosen for either service, the text box is enabled to enter more comments and details.

If the user selects a frequency for question 4, the following 3 text boxes are enabled.

Users may select as many choices for questions 5 as appropriate. If any selections are checked, the text box is enabled for more specific comments.

The referral information for this screen tells workers to refer the individual to community resources if there is a concern but no current services are being received.

*Previous* navigates to List Family Members. *Save & Exit* navigates to Screen Selection. *Next* navigates to Part B.

## Adult Part B Daily Living Needs

Barriers - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Barriers Screening Application

Home | Help

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**Wisconsin Department of Workforce Development**

**Section II - Adult Part B. Daily Living Needs**  
Works, Wanda (PIN #4100404671)

☒ Adult Part B. Daily Living Needs for: **Warren Works Sr.**

1. **Does this family member have needs for daily supervision/assistance, such as:**

<input type="checkbox"/> Dressing	<input type="checkbox"/> Communicating
<input type="checkbox"/> Eating	<input type="checkbox"/> Behavior
<input type="checkbox"/> Mobility	<input type="checkbox"/> Forming Relationships/Friendships
<input type="checkbox"/> Breathing	<input type="checkbox"/> Toileting
<input type="checkbox"/> Sleeping	<input type="checkbox"/> Other <input type="text"/>

Comments:

2. **Does this family member have need for medical/health treatments, such as:**

<input type="checkbox"/> G-tubes
<input type="checkbox"/> Suctioning
<input type="checkbox"/> Tracheotomy
<input type="checkbox"/> Medicines
<input type="checkbox"/> Other <input type="text"/>

Who provides the primary care for these needs, and how often?

What is your role in caring for this family member with these treatments and how often is this done?

3. **Does this family member require assistive devices for communication, such as:**

<input type="checkbox"/> Computer
<input type="checkbox"/> Picture Cards
<input type="checkbox"/> Sign Language
<input type="checkbox"/> Hearing Aids or Other Assistive Listening Devices
<input type="checkbox"/> Other Talking Devices

What is your role in using these devices and how often is this done?



Users may select as many choices for questions 1, 2, 3, and 4 as appropriate. If any selections are checked, the text boxes are enabled for more specific comments.

Users should select a number 1 through 10 from the dropdown box for question 7 based on how the individual responds. Users may click *Daily Routine Scale* to view a PDF version of the rating scale for printing. The comments box is enabled if the user selects a number in the scale.

*Previous* navigates to Part A. *Save & Exit* navigates to Screen Selection. *Next* navigates to List Family Members.